



## UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231  
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Bib Data Sheet

FILE COPY

CONFIRMATION NO. 6723

|                                    |   |                     |                                       |                                       |
|------------------------------------|---|---------------------|---------------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/692,504 | <b>FILING DATE</b><br>10/18/2000<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1642<br>1647 | <b>ATTORNEY DOCKET NO.</b><br>P1748R1 |
|------------------------------------|---|---------------------|---------------------------------------|---------------------------------------|

## APPLICANTS

Frederic DeSavage, Foster City, CA;  
Iqbal Grewal, Redwood City, CA;  
Austin L. Gurney, Belmont, CA;

RECEIVED

APR 06 2001

TECH CENTER 1600/2900

\*\* CONTINUING DATA \*\* *OK* \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/160,542 10/20/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/14/2000

|  |                        |                      |                    |                         |
|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>18 | TOTAL CLAIMS<br>34 | INDEPENDENT CLAIMS<br>8 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met |                        |                      |                    |                         |
| Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>Shaw</i> Initials <i>SM</i>  |                        |                      |                    |                         |

## ADDRESS

Genentech Inc  
Atulya R Agarwal Ph D  
1 DNA Way  
South San Francisco ,CA 94080-4990

## TITLE

Type I cytokine receptor TCCR

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1362 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
|                                    |   | <input type="checkbox"/> Credit                                |